· 李 李 渤

I am the:

Name **Signature** 

Applicant/Inventor.

|   | Please type a plus sign (+) in:<br>ler the Paperwork Reduction Act o |                        | 1 II S. Return and Trademark                                 | PTO/SB/S1 (02-01)  For use through 10/31/2002 OMB 0651-0035  to Office; U.S. DERARTMENT OF COMMERCE in unters it displays valid OMB control number. |  |  |
|---|--|------------------------|--|---|--|--|
|   |  |                        | Application Number   | To Be Assigned  |  |  |
|   |  |                        | Filing Date  | February 22, 2002   |  |  |
|   |  |                        | First Named Inventor   | Troy Curtiss Accessory Detection System   |  |  |
|   | POWER OF AT  | TORNEY OR              | Title  |   |  |  |
|   | AUTHORIZATIO   |                        | Group Art Unit   | To Be Assigned  |  |  |
|   |  |                        | Examiner Name  | To Be Assigned  |  |  |
|   |  | 1                      | Attorney Docket Number                                       |   |  |  |
| l |  | Name<br>J. Rolagraff   | 41,12  |   |  |  |
|   | Practitioner(s) na   |                        |  |   |  |  |
| ŧ | William  |                        |  |   |  |  |
|   |  | J. Anderson            | 45,83  |   |  |  |
|   | 4  | de la Cerra            | 45,77  |   |  |  |
|   |  |                        | :  |   |  |  |
|   | business in the United   | States Palent and Trad | the application identified all<br>amark Office connected the | erewith.  |  |  |
|   |  | ned Customer Number.   | r the above-identified applic                                | Place Customer Number Bar Code Label here   |  |  |
|   | Firm or<br>Individual Name   |                        | ss Corp., Attn: P  | atent Department  |  |  |
|   | Address  | PO Box 928289          |  |   |  |  |
|   | Address  |                        |  |   |  |  |
|   | City   | San Diego              | State CA   | Zip 92192-8289  |  |  |
|   | Country  | USA                    |  |   |  |  |
|   | Teleph <b>e</b> ne   | 858 4882 - 20          | 00 Fax 858   | / 882 - 3650  |  |  |

NOTE: Signatures of all the inventors or assumess of record of the antire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. forms are suit nitted. Total of.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFF 3.73(b) is encircled. (Form PTO/SB/96).

2002

February Z

Troy

Burden Hour Statement: This form is estimated to talk 3 minutes to complete. Time will vary depending upon the needs of the Individual case. Any commants on the amount of time you are required to complete the form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, OC 20231. DO NOT SEND FEES OR COMPLETED FOLMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, OC 20231.

ATURE of Applicant or Assignee of Record

| Please type a plus  |  |   |   |                                       |  | aproved fo                | nes grand 10/3   | 1/2002. OM             | H 0851-Q03               |
|---|--|---|---|---------------------------------------|--|---------------------------|--|------------------------|--------------------------|
| Under the Paperwork Rec   | duction Act o                                  | of 1995, no pe  | berluper era anoan  | to reapo.                             | ction of in  | recoment o<br>Yermalion u | r use Grough 10/3<br>Rec; U.S. DEPART<br>Inices it display a v | IMENT OF<br>LIId OMB & | COMMERC<br>Introl number |
| 1   |  |   |   | i iio                                 | Numbe  | ir                        | To Be Ass  | igned                  |                          |
|   |  |   |   | francy Date                           |  |                           | February   | 22, 2                  | 0021                     |
| POWER   | OE AT  | TOPN  | EV OD   | First Name                            | d Inven  |                           | Troy, Curt   |                        |                          |
| AUTHOR  | UF ATIC  |   | ACEAR   | Tillo                                 | · .  |                           | Accessory I  |                        |                          |
| AUTHOR  |  | חט מכ   | AGENI   | Group Art                             | _  |                           | To Be Ass  |                        |                          |
|   |  |   |   | Examine                               |  |                           | To Be Ass  |                        |                          |
|   |  |   |   | Attorney                              | ocket N  | umber                     | OTL 00180  |                        | and the second           |
| 16-16   |  |   |   | •                                     | <i>i</i> :   | : • •                     | 7  |                        | SORE TO                  |
| i heleby appo   | oint:  |   |   | , """                                 |  | *                         |  |                        |                          |
| Practitio   | ners at C                                      | Lustomen  | Number  |                                       |  |                           | Place Cu<br>Number   |                        |                          |
| <u></u> OR  |  |   |   |                                       |  |                           | Label ha   |                        |                          |
| Practition  | ner(s) na                                      | med beld  | V: {  | · :#                                  |  |                           |  | :                      |                          |
| 2212  |  | Na Na   |   | 3                                     |  |                           | tration Numb   | er                     |                          |
| 1   |  | J. Kol  |   | ্ৰুণ<br>১                             |  | 1.125                     | 1  |                        | 4                        |
| , , , , , , , , , , , , , , , , , , ,   |  | . Ande  |   |                                       |  | 5,833                     | elgyker  |                        | - 5                      |
| Mai   | uner k   | , de le   | a Cerra   | 7                                     | 1 4:   | 5,776                     |  |                        |                          |
|   |  |   |   | 731                                   | 50 I.—   |                           |  |                        |                          |
|   | the cone                                       | sponden   | ent and Trade   | mark Office co                        | identifi<br>onnecte  | ed therev                 | vith.  | sact all               | ]                        |
| Please change to The above OR Practitioner  | the corre                                      | tates Pay<br>sponden<br>ed Custor   | ent and Trade<br>to address for<br>mer Number.  | mark Office co                        | identifi<br>onnecte  | ed therev                 | vith.<br>on to:<br>Plece Custom<br>Number Bar C                | a/ ]                   | <b>J</b>                 |
| Please change to The above OR Practitioner OR   | the corre                                      | tates Pay<br>sponden<br>ed Custor   | ent and Trade<br>to address for<br>mer Number.  | mark Office co                        | identifi<br>onnecte  | ed therev                 | vith.<br>on to:<br>Plece Custom                                | a/ ]                   | <b>J</b> .               |
| Please change to the above OR Practitioner  | the corre-<br>mention                          | tates Pay<br>sponden<br>ed Custor<br>tomer No   | ent and Trade e address for mer Number. mber  | the above de                          | identifi<br>ennecte<br>ntified   | applicati                 | vith.<br>on to:<br>Plece Custom<br>Number Bar C                | er<br>cde              | ]                        |
| Please change to The above OR Practitioner OR   | the corre-<br>mention                          | sponden ed Custor tomer No  | ent and Trade e address for mer Number. mber  | mark Office by                        | identifi<br>ennecte<br>ntified   | applicati                 | vith. on to: Plece Custom Number Bar C Label here              | er<br>cde              |                          |
| Please change to The above OR Practitioner OR Imm or Individual Na  | the corre-<br>mention                          | spondenced Custon tomer Nu Kyoce PO Bo  | ent and Trade co address for mer Number. mber ' ca Wireles 928289   | the above de                          | identifi<br>ennecte<br>ntified   | applicati                 | vith. on to: Plece Custom Number Bar C Label here              | er<br>cde              |                          |
| Please change to The above OR Practitioner OR Imm or Individual Na Address Address City   | the corre-<br>mention                          | sponden ed Custor tomer No  | ent and Trade co address for mer Number. mber ' ca Wireles 928289   | the above de                          | identifi<br>ennecte<br>ntified   | applicati                 | vith. on to: Plece Custom Number Bar C Label here              | er<br>lode             | 2-8289                   |
| Please change to the above or Practitioner or Individual Na Address Address City Country  | United S<br>the corre-<br>mention<br>rs at Cus | sponden ed Custor tomer Nu  Kyocer PO Bo  San D  USA  | ent and Trade e address for mer Number. mber ' a Wireles 928289   | the above de                          | identificantified a  | ad therever application   | vith. on to: Place Custom Number Bar C Label here              | er<br>lode             |                          |
| Please change in the Please change in The above or Practitioner or Individual Na Address Address City Country Telephone   | United S<br>the corre-<br>mention<br>rs at Cus | sponden ed Custor tomer Nu  Kyocer PO Bo  San D  USA  | ent and Trade co address for mer Number. mber ' ca Wireles 928289   | the above de                          | identified and the state of the | Pate                      | vith. on to: Place Custom Number Bar C Label here              | er<br>ode<br>ment      |                          |
| Please change to the above or Practitioner or Individual Na Address City Country Telephone I am the:  | United S<br>the corre-<br>mention<br>rs at Cus | sponden ed Custor tomer Nu  Kyocer PO Bo  San D  USA  | ent and Trade e address for mer Number. mber ' a Wireles 928289   | the above de                          | identified and the state of the | Pate                      | Plece Custom Number Bar C Label here                           | er<br>ode<br>ment      |                          |
| Please change The above OR Practitioner OR Address Address City Country Telephone   | the corre-<br>mention<br>rs at Cus             | sponden<br>ed Custor<br>tomer Nu<br>Kyocer<br>PO Bo<br>San D<br>USA<br>858 /  | ent and Trade e address for mer Number. mber ' a Wireles 928289   | the above de                          | identified and the state of the | Pate                      | Plece Custom Number Bar C Label here                           | er<br>ode<br>ment      |                          |
| Please change to The above OR Practitioner OR Practitioner OR Imm or Individual Na Address Address City Country Telephone I am the:  Applicant  | the corre-<br>mention<br>rs at Cus             | spondenced Custon tomer Nu Kyocer PO Bo San D USA 858 /   | ent and Trade to address for mer Number. mber a Wireles 928289 ego  | the above de                          | identified antified attri-   | Pate                      | Plece Custom Number Bar C Label here                           | er<br>ode<br>ment      |                          |
| Please change in the Please change in The above OR Practitioner OR Practitioner OR Implication or Individual Na Address Address City Country Telephone I am the: Applican Assigned            | the corre-<br>mention<br>rs at Cus<br>arne     | spondenced Custon tomer Nu Kyocer PO Bo San D USA 858 /   | ent and Trade co address for mer Number. mber   a Wireles 928289 ego 882 - 200                                      | the above ide  s Corp.                | identified annectentified attri-   | Pate CA 858 /             | Plece Custom Number Bar C Label here                           | er<br>ode<br>ment      |                          |
| Please change in the Please change in The above OR Practitioner OR Practitioner OR ImpleMediate in The Address Address City Country Telephone I am the:  Assigned                             | the corre-<br>mention<br>rs at Cus<br>arne     | spondenced Custon tomer Nu Kypcer PO Bo San D USA 858 / r. rd of the e  | ent and Trade ce address for mer Number. mber a Wireles 928289 ego 882 - 200 entire interest.                       | the above de se corp. 7               | identified annectentified annectenti | Pate CA 858 /             | Plece Custom Number Bar C Label here                           | er<br>ode<br>ment      |                          |
| Please change in the Please change in the above or Practitioner or Individual Na Address Address City Country Telephone I am the: Applicant   | the corre-<br>mention<br>rs at Cus<br>arne     | spondenced Custon tomer Nu Kyoce PO Bo San D USA 858 / r. rd of the e 37 CFR 3  | ent and Trade ce address for mer Number. mber a Wireles 928289 ego 882 - 200 entire interest.                       | the above ide  s Corp.                | identified annectentified annectenti | Pate CA 858 /             | Plece Custom Number Bar C Label here                           | er<br>ode<br>ment      |                          |
| Please change in the Please change in The above OR Practitioner OR Practitioner OR ImpleMediate in The Address Address City Country Telephone I am the:  Assigned                             | the corre-<br>mention<br>rs at Cus<br>arne     | spondenced Custon tomer Nu Kypcer PO Bo San D USA 858 / r. rd of the e  | ent and Trade ce address for mer Number. mber a Wireles 928289 ego 882 - 200 entire interest.                       | the above de se corp. 7               | identified annectentified annectenti | Pate CA 858 /             | Plece Custom Number Bar C Label here                           | er<br>ode<br>ment      |                          |
| Please change in the Please change in The above OR Practitioner OR Practitioner OR Implication or Individual Na Address Address City Country Telephone I am the:  Applicant Assigned Statemen | the corre-<br>mention<br>rs at Cus<br>arne     | spondenced Custon tomer Nu Kyoce PO Bo San D USA 858 / r. rd of the e 37 CFR 3  | ent and Trade ce address for mer Number. mber a Wireles 928289 ego 882 - 200 entire interest.                       | the above de se corp. 7               | identified annectentified annectenti | Pate CA 858 /             | Plece Custom Number Bar C Label here                           | er<br>ode<br>ment      |                          |
| Please change in the Please change in The above OR Practitioner OR Practitioner OR Important Individual National Address City   Country Telephone   Am the:                                   | trinventor of recorning under                  | spondenced Custon tomer Nu Kyoce PO Bo San D USA 858 / r. rd of the e 37 CFR 3  | ent and Trade e address for mer Number.  mber   a Wireles 928289  ego  882) - 200  entire interest.  73(b) is enclo | the above de se corp. 7               | identified annectentified annectenti | Pate CA 858 /             | Plece Custom Number Bar C Label here                           | er<br>ode<br>ment      |                          |
| Please change in the Please change in The above OR The above OR Practitioner OR Address Address Address City Country Telephone I am the: Applicant  | t/Inventor e of recor mt under Brad 1 Februa   | spondenced Custon tomer Nu Kyocer PO Bo San D USA 858 / T. d of the e 37 CFR 3 SIGNA Lemley | ent and Trade a address for mer Number.  mber   | the above ide  the above ide  s Corp. | identified annecte ntified ann | Pate CA 858 /             | Place Custom Number Bar C Label here  TIP  Zip  882 - 36       | er<br>code             | 2-8289                   |

PTC/SB/01 (10-01)

Approved for use through 10/31/2002. OM\$ 0651-0032

U.S.||Published Tradement Office/Unit REPARTMENT OF CHIERENT is a college of Information unless it contains a valid OMB control number. Under the Paperwork Reduction Act of 1995, no parsons are required to re-UTL 00180 omey Docket Number DECLARATION FOR UTILITY OR **Troy Curtiss** Named Inventor DESIGN COMPLETE IF KNOWN FATENT APPLICATION To Be Assigned (37 CFR 1.63) Applicatio n Number February 22, 2002 Filing Date Declaration Declaration Subretted after Initial Filing (surcharge (37 C TR 1.16 (e)) required) OR **Submitted** To Be Assigned Art Unit . with Initial Filing To Be Assigned Examiner Name As the below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my tame. .. I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: Accessory Detection System 7.15 37.50 in Hills (Title of the Invention) the specification of which is attached hereto N N N as United States Application Number or PCT Internati was filed on (MM/DD/YYYY) L and was amended on (MM/DD/YYYY) (if applicable). Application Number I hereby state that I have reviewed and under and the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under \$\footnote{3}\$ U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breader's rights certificate(a), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breader's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is Prior Foreign Application Foreign Filing Date **Priority** Certified Copy Attached? Country Not Claimed (MM/DD/YYYY) YES Number(s) Additional foreign application numbers a listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FOR US TO THIS APPRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

loosoks, alece

Was beautiful and the second of the second o

Marian.

Approved for use thirduch 10/31/2002, ONB 0851-0852

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

rwork Reduction Act of 1995, notpersons are required to respond to a collection of information unless it contains a valid OMB control number.

## - Utility or Design Patent Application

| Oirect all correspondence to: Customar Nu or Bar Code t   |            | OR                        | Con         | respondence eddres | below  |  |  |  |  |
|---|------------|---------------------------|-------------|--------------------|--------|--|--|--|--|
| Kyocera Wireless Corp., Attn: Patent Department   |            |                           |             |                    |        |  |  |  |  |
| Address PO Box 928289   |            | l                         | :           |                    |        |  |  |  |  |
| San Diego<br>City   |            | State C                   | A   . %     | 92192-84<br>ZIP    | 89     |  |  |  |  |
| Country   | Telephone  | 858-882-2000              |             | 858-88<br>Fax      | 2-3650 |  |  |  |  |
| I hereby declare that all statements made he sin of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |            |                           |             |                    |        |  |  |  |  |
| NAME OF SOLE OR FIRST INVENTOR:   | A petition | has been filed for        | this unsign | ned inventor       |        |  |  |  |  |
| Given Name<br>(first and middle [if any])   |            | Family Name<br>or Surname | Curtiss     |                    |        |  |  |  |  |
| Inventor's Arc Constant Date 2/22   |            |                           |             |                    |        |  |  |  |  |
| Erie<br>Residence: City   | State      | Country                   | USA         | Citizenship        | USA    |  |  |  |  |
| Residence: City State Country Citizenship  Mailing Address 1618 Tanaka Drive  |            |                           |             |                    |        |  |  |  |  |
| Erie<br>City  | State      | O ZiP                     | 80516       | Country            | USA    |  |  |  |  |
| NAME OF SECOND INVENTOR:  |            | as been filed for t       | nis unalgne |                    |        |  |  |  |  |
| Given Name (first and middle [if any])  Brad  Family Name or Sumame   |            |                           |             |                    |        |  |  |  |  |
| inventor's SM M   |            |                           |             | Date 2/22/         | 0Z     |  |  |  |  |
| Lafayette<br>Residence: City  | State      | Country                   | ŲSA .       | Citizanship        | USA    |  |  |  |  |
| Mailing Addiess 1251 Mercury Drive  | ·<br>• [   | ·•                        |             |                    |        |  |  |  |  |
| Lafayette<br>City   | State C    | ZIP                       | 80026       | Country            | USA    |  |  |  |  |
| Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.   |            |                           |             |                    |        |  |  |  |  |